

31761 118938075

CAZON H85

-74F11

Government
Publications

Ont.

ADDICTION
RESEARCH
FOUNDATION
OF ONTARIO

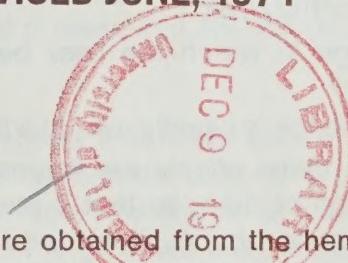
~~General publications~~

FACTS ABOUT CANNABIS

(MARIHUANA, HASHISH, ETC.)

CG 27

REVISED JUNE, 1974



Marihuana and hashish are obtained from the hemp plant (*Cannabis Sativa*). The ingredient in cannabis that produces the typical effects on mood and perception is called THC (tetrahydrocannabinol).

APPEARANCE

Marihuana is composed of the flowering tops and upper leaves of the hemp plant and frequently contains seeds, stems and other materials.

Hashish is the dried caked resin produced by the tops and leaves of the female plant. Hashish usually contains a higher concentration of THC than marihuana and is therefore the more potent preparation. (Potency refers to the amount required to produce a given effect). A reddish oily extract of cannabis is occasionally sold by street dealers under the name of "liquid hash"; this is the most potent preparation other than pure THC.

Marihuana ranges in color from greyish green to greenish brown and in texture from a fine substance that looks like oregano to a coarse substance that looks like tea.

Hashish is sold in solid pieces; its color ranges from light or medium brown to nearly black. The texture varies from soft to hard.

EFFECTS

The effects of any drug depend on the amount taken at a time, the past drug experience of the user, the circumstances in which the drug is taken (the place, the feelings of the user, the other people present, whether alcohol or other drugs are taken at the same time, etc.) and on the way the drug is taken.

Marihuana and hashish are usually smoked in either hand-rolled cigarettes or specially designed pipes. Hashish is usually mixed with tobacco for smoking. Cannabis preparations can also be swallowed, usually mixed in food. Smoking gives a more rapid appearance of the drug's effects than swallowing, and allows the experienced user better control over the effects.

Short-term effects are those which appear rapidly after a single dose is taken and disappear within a few hours or days.

The most common short-term effects of a small dose of marihuana are:

- a) the "high"—a feeling of euphoria, and a tendency to talk and laugh more than usual. This is similar in many ways to mild alcohol intoxication.
- b) an increase in the pulse rate.
- c) reddening of the eyes.
- d) a later stage in which the user becomes quiet, reflective and sleepy.

The whole experience is usually over in a few hours.

At larger doses, these effects are increased and the user may mis-judge the passage of time, so that a few minutes may seem like an hour. Perception of sound, color and other sensations may be sharpened or distorted.

Cannabis impairs short-term memory, logical thinking, and the ability to drive a car or perform other complex tasks.

When cannabis is combined with alcohol, barbiturates or certain other drugs, it increases their effects on thinking and behavior.

At very large doses, the effects of cannabis are similar to those of LSD and other hallucinogenic drugs. The user may feel confusion, restlessness, excitement and hallucinations. These may cause anxiety or panic, and even precipitate a true psychotic episode.

Long-term effects are those provoked by repeated use over a long period of time. Less is known about these, but the following have been described:

- a) Moderate tolerance develops—more of the drug is needed to produce the same effect.
- b) With large doses, some of the THC remains in the body for several days. On repeated use, the level in the body builds up.
- c) About one out of 20 regular users becomes *psychologically dependent* on cannabis: the drug becomes so central to the person's thoughts, emotions and activities that it is extremely hard to stop using it. This, rather than physical dependence, is the real meaning of being "hooked."
- d) Heavy users of cannabis also tend to be heavy tobacco smokers. The tar content of cannabis smoke is at least 50% higher than that of tobacco. Heavy cannabis users therefore run an added risk of lung cancer, chronic bronchitis and other lung disease.
- e) Flash-backs (sudden feelings of being "high" without having taken any drug) may occur in regular users, especially those who have used LSD or other hallucinogens before. These are usually frightening experiences.
- f) Regular heavy use, especially by teen-agers and young adults, may lead to loss of energy and drive, slow confused thinking, and lack of interest in any planned activity. This is called the "amotivational syndrome," and usually disappears slowly when cannabis use is stopped.

Some investigators have reported that heavy regular use causes chromosome damage, reduced body defences against infections, loss of sex drive, reduced levels of male sex hormone in the body and brain damage. These are not proven, and are still under study.

WHO USES CANNABIS?

Recent Canadian research shows that fewer than one out of five students report having used cannabis in the preceding six months. Fewer than one out of 12 adults report having tried cannabis. Cannabis users are more likely to live in large cities than in small towns or rural areas.

It is estimated that there are below one million continuing users of cannabis in Canada, and the great majority of these are infrequent users.

People report a wide variety of reasons for cannabis use—they may begin use through curiosity or because of social pressure; and many stop using once their curiosity is satisfied.

Those who continue to use cannabis moderately report that they like the feeling of well-being and relief from tension experienced. Some people take it as a relief from boredom, frustration or repression.

Regular heavy users also tend to be heavy users of other drugs such as alcohol, LSD or amphetamines.

CANNABIS AND THE LAW

As of June, 1974, cannabis is covered by the Narcotic Control Act. Possession of cannabis preparations may be punished by a fine or jail sentence. First offenders may receive absolute or conditional discharge, and may request that their criminal record be erased after one year or more of good conduct. Heavier penalties are attached to trafficking (selling or giving the drug to another person), cultivation, importing and exporting. Penalties in many other countries are extremely severe.

This legislation is currently being reviewed in the light of the recommendations of the Commission of Inquiry into the Non-Medical Use of Drugs (Le Dain Commission).



ADDICTION RESEARCH FOUNDATION OF ONTARIO
33 Russell Street, Toronto, Ontario M5S 2S1

For additional copies, Ontario residents may contact the nearest A.R.F. branch office.

© 1974 Alcoholism and Drug Addiction Foundation. Distributed in Quebec by OPTAT (Office de la prévention de l'alcoolisme et des autres toxicomanies — Province de Québec), 969, route de l'Eglise — Québec G1V 3V4. Printed in Canada.